

CITY OF TITUSVILLE

Special Event / Parade Application Form (rev 12/2010)

This application is required of any group and/or event that requests use of City of Titusville Park and/or Public right of way property under one or more of the following conditions:

1. The event uses more than one facility/park/right of way within the city limits.
2. The event exceeds the stated capacity for any one facility.
3. The event uses an open area or public roadway.
4. The event includes generation of sound, (i.e. fireworks, speech, music exceeding 80 decibels.)
5. The serving of food to the general public.
6. The event will span the course of one or more days.

General Instructions

Please do not put "same as last year" on this application.

This application does not guarantee a reservation.

Special Events Process

A Committee will review and advise the Mayor and City Council regarding requests to use public areas for events designed for the general public. The Process is as follows:

1. Completed application (Special Event) filed at the Office of the City Manager in City Hall
2. Applications must be received no later than ninety (90) days prior to event
3. Special Events Committee will review and make recommendations within forty-five (45) days of application submission.
4. Committee members: Mayor-Chairperson, Fire Chief, Police Chief, Public Works Director., City Manager or Deputy Manager, Leisure Service Director, City Insurance Broker, Executive Director Titusville Area Chamber of Commerce, and Leisure Service Board Members.
5. Final approval- City Council

TO BE COMPLETED BY THE APPLICANT

NAME OF EVENT:

EVENT DESCRIPTION

Has this event ever been held before? ☐ Yes ☐ No If Yes, When and Where?
Briefly describe the event:

ORGANIZATION / SPONSOR IDENTIFICATION

Organization Name

Phone no. ()

Street address

City

State

ZIP Code

Email Address

CONTACT PERSON (DAY OF THE EVENT)

Name

First

Last

Daytime

Phone no. ()

Street address

Evening

Phone no. ()

City

State

ZIP Code

Email Address

GENERAL EVENT INFORMATION

PARK AREA / RIGHT OF WAY
TO BE USED

SPECIFIC AREAS TO BE USED

RAIN PLAN CONTINGENCY

SET UP

EVENT

CLEAN UP

PROJECTED PARTICIPATION

Date _____

Date _____

Date _____

Minimum number of participants: _____

Maximum number of participants over the course of the event: _____

Time _____

Time _____

Time _____

Maximum number of participants at one time: _____

Minimum number of motor vehicles: _____

Maximum number of vehicles: _____

INSURANCE		CERTIFICATE OF INSURANCE REQUIREMENT							
Do you have insurance for personal injury, property damage, and liability? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If yes, insurance carrier is: Policy number:		Prior to approval of your event, we will require submission of a Certificate of Insurance in the amount of \$1,000,000 naming the City of Titusville as "additional insured". In addition, if you have outside vendors, they will be required to provide certificates in the amount of \$1,000,000 naming the City of Titusville as additional insured.							
LOCATION / EVENT SPECIFIC INFORMATION – please designate the areas listed below on the map provided									
On the park/city map please provide in detail the following information: <input type="checkbox"/> Road Closures <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> (Please note that if this involves a state roadway, a separate application is necessary as well as a certificate of liability insurance to be provided to the PA Dept. of Transportation) If yes, time of closure from _____ to _____		Please indicate which of the following locations need to be closed on map. All event course markings must be pre-approved and removed within one week of commencement of the event. <div style="text-align: right;"> <input type="checkbox"/> Event Layout <input type="checkbox"/> Entrance Route <input type="checkbox"/> Exit Route <input type="checkbox"/> Main Parking Area <input type="checkbox"/> Overflow Parking </div> Number and type of personnel that will act as parking attendants, event coordinators, security, first-aid/medical personnel. (Note: These individuals must be 18 years of age or older.) Note: To prevent a delay of your application, include the attached map with your completed form.							
Is the event open to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there fees charged or vending at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state fees and type of vending operations along with projected revenues to be collected on the day of the event.	Are any bus, truck, tractor-trailer or motor home type vehicles expected at the event? If yes, Does this event involve domestic or exotic animals? (Please note, must comply with all local ordinances) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	Does this event have any special attraction of considerations such as: fireworks, balloon rides or other aerial exhibitions, heavy equipment, amusement rides, or large tents Note: Special attractions must comply with all local ordinances. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:							
SERVICES REQUIRED									
All services may not be available in all locations and are subject to seasonal closing. Please check the following services your event requires:									
<input type="checkbox"/> Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> Spigot <input type="checkbox"/> Hydrant	<input type="checkbox"/> Electric Type of service:	<input type="checkbox"/> Restrooms	<input type="checkbox"/> Safety vests _____ <input type="checkbox"/> Cones _____ <input type="checkbox"/> Picnic tables _____ <input type="checkbox"/> Traffic flags _____ <input type="checkbox"/> Trash barrels _____ <input type="checkbox"/> Barricades _____						
		* Indicate the number of items your event requires. * Indicate on the map where barrels and tables are to be delivered.							
CITY DEPARTMENT SERVICE FEES									
Please note that if additional hours are required by City of Titusville personnel (Police, Fire, Public Works etc...) applicant is subject to those fees.									
CERTIFICATION STATEMENT / EVENT APPROVAL									
I hereby certify that I am authorized to represent the organization noted on this application. I also certify that all information provided on this application is, to the best of my knowledge, truthful and accurate, and that my organization shall be liable for any consequential damages, including the City of Titusville/Leisure Services Board incurrence of any costs and attorney's fee, resulting from misrepresentation or fraudulent information on this application, or in any other written communication with the City of Titusville/Leisure Services Board.									
Furthermore, the City of Titusville/Leisure Services Board reserves the right to revoke or amend any issued permits, contracts, or letters of agreement, and to increase any assessed fees for City/Leisure Services Board services and equipment, with the organization in the event the services to be provided, coordinated, or sub-contracted by the organization as stated in this application are reduced or eliminated. The undersigned organization assumes all responsibility for damage to or destruction of City property that occurs during the sponsored event.									
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Applicant Signature _____</td> <td style="width: 40%;">Date _____</td> </tr> <tr> <td>Committee Approval _____</td> <td>Date _____</td> </tr> <tr> <td>City Council Approval _____</td> <td>Date _____</td> </tr> </table>				Applicant Signature _____	Date _____	Committee Approval _____	Date _____	City Council Approval _____	Date _____
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